NORWOOD HEALTH CENTER-FDD

1600 N	N	CHESTNUT	ST
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MARSHFIELD	54449	Phone	(715) 384-2188		Ownership:	County
Operated from	1/1 To 1	.2/31 Days	s of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction w	ith Hospita	al?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up an	d Staffed	(12/31/04):	29	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capac	ity (12/31)	/04):	29	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 1	2/31/04:		28	Average Daily Census:	28

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care No Supp. Home Care-Personal Care No		Primary Diagnosis	%	Age Groups	ફ	Less Than 1 Year 1 - 4 Years	3.6 28.6
Supp. Home Care-Household Services	No	Developmental Disabilities	85.7	Under 65	100.0	More Than 4 Years	67.9
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	3.6 10.7	65 - 74 75 - 84	0.0		100.0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0.0	85 - 94 95 & Over	0.0	********************* Full-Time Equivalent	
Congregate Meals No		Cancer 0.0 Fractures 0.0 100.0		Nursing Staff per 100 Residents (12/31/04)			
Other Meals	No No	Cardiovascular	0.0	 65 & Over	0.0		
Transportation Referral Service	No No	Cerebrovascular Diabetes	0.0	 Gender	 %	RNs LPNs	6.1 3.9
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	0.0	 Male	71.4	Nursing Assistants, Aides, & Orderlies	127.5
Mentally Ill	No	Other Medical Conditions		Male Female	28.6	Aides, & Orderlies	127.5
Provide Day Programming for Developmentally Disabled	Yes		100.0		100.0	*******	****

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		P	rivate Pay	!		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				28	100.0	185	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	28	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		28	100.0		0	0.0		0	0.0		0	0.0		0	0.0		28	100.0

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NORWOOD HEALTH CENTER-FDD

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services	, and Activities as of 12/3	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	0.0	Bathing	28.6		71.4	0.0	28
Other Nursing Homes	0.0	Dressing	71.4		25.0	3.6	28
Acute Care Hospitals	0.0	Transferring	96.4		3.6	0.0	28
Psych. HospMR/DD Facilities	100.0	Toilet Use	82.1		7.1	10.7	28
Rehabilitation Hospitals	0.0	Eating	96.4		3.6	0.0	28
Other Locations	0.0	********	*********	*****	******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	2	Continence		왕	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.6	Receiving I	Respiratory Care	7.1
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	28.6	Receiving ?	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	28.6	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving (Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving ?	Tube Feeding	0.0
Psych. HospMR/DD Facilities	66.7	Physically Restraine	ed	0.0	Receiving D	Mechanically Altered Diets	64.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics	
Deaths	33.3	With Pressure Sores		0.0	Have Advance	ce Directives	0.0
Total Number of Discharges		With Rashes		7.1	Medications		
(Including Deaths)	3				Receiving 1	Psychoactive Drugs	78.6

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	=	DD		All	
	Facility %	Fac %	cilities Ratio	Fac.	ilties Ratio	
	· 					
Occupancy Rate: Average Daily Census/Licensed Beds	96.6	93.1	1.04	88.8	1.09	
Current Residents from In-County	85.7	35.3	2.43	77.4	1.11	
Admissions from In-County, Still Residing	50.0	11.4	4.40	19.4	2.58	
Admissions/Average Daily Census	7.1	20.4	0.35	146.5	0.05	
Discharges/Average Daily Census	10.7	28.3	0.38	148.0	0.07	
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	0.0	16.0	0.00	87.9	0.00	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	85.7	99.2	0.86	6.0	14.20	
Mentally Ill Residents	14.3	0.4	39.84	33.6	0.43	
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00	
Impaired ADL (Mean)*	15.0	55.0	0.27	49.4	0.30	
Psychological Problems	78.6	48.1	1.63	57.7	1.36	
Nursing Care Required (Mean)*	9.8	10.7	0.91	7.4	1.32	